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DATA FOR FEBRUARY 2002

The mission of the City of Long Beach Department of Health and Human Services is to improve the quality of life of the residents of Long Beach by addressing the public health and human service needs ensuring that the conditions affecting the public's health afford a healthy environment in which to live, work and play.

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table of contents

Partnership for the Public's Health: A Story of Residents in the Midst of a Public Health Odyssey • 1

Communicable Disease Data • 2

AIDS Surveillance Program Data • 3

Health Care Providers Reporting Responsibilities • 4

Partnership for the Public's Health: A Story of Residents in the Midst of a Public Health Odyssey

Prologue:

Like explorers of new frontiers and unknown territories, the residents of Long Beach embark on a journey of learning about how public health affects their lives through a unique endeavor called the Partnership for



the Public's Health. The Partnership for the Public's Health Initiative (PPH), funded by the California Endowment, aims to build strong, effective partnerships between local public health departments and the communities they serve. The California Endowment selected the Public Health Institute as its partner in this effort. A total of 13 local health departments and 34 community groups are participating in the Initiative.

The Partnership for the Public's Health Initiative is a 4-year endeavor, which started with a planning year in 2000-2001. The remaining years are dedicated to implementing activities aimed at addressing local health issues. The Initiative also provides an opportunity for local health departments and community groups to develop their organizational capacity to respond to the health needs of the community.

The Long Beach Department of Health and Human Services is participating in the Partnership for the Public's Health Initiative along with the Community Partners Council, The Children's Clinic, Long Beach Community Health Council, and the Long Beach Community Development Department. The focus of the partnership with the Community Partners Council and The Children's Clinic is zip code 90813. The Long Beach Department of Health and Human Services, Long Beach Community Health Council, and Community Development Department are working together to address health issues in the Central area of Long Beach.

The Plot:

Long Beach has approached its local PPH effort in the true spirit of collaboration and resident involvement. During the planning year, the local partners conducted several meetings with residents to identify the salient health issues affecting 90813 and Central Long Beach. Some of the major concerns identified by residents include environmental health and cleanliness, economic security, better access to care, family and youth-friendly programs.

In order to foster indigenous leadership and begin to address some of the health issues articulated by the residents from the community, the Long Beach partnership has launched a year-long health leadership training for residents of 90813 and Central Long Beach. The goals of the health leadership training

Continued on page 2



HIV/AIDS Information

California AIDS Multilingual Hotline 800-922-AIDS

CDC National HIV/AIDS Hotline 800-243-7889

The City of Long Beach
AIDS Surveillance Program
also publishes an
HIV/AIDS Monitoring Report
that contains additional data
about AIDS in Long Beach.
For more information, call
(562) 570-4311.



Partnership for the Public's Health:Continued from page 1

are to increase public health awareness and leadership skills among residents. The development of resident leadership is a key that unlocks huge potential for community involvement in health improvement. To date, the residents have participated in classes involving an overview of public health, understanding the determinants of health, and learning the uses of health data. Future classes will focus on health advocacy, diversity, public speaking, conflict management, and accessing local resources. As part of the training, the residents will also host a community discussion on how to improve the local health system.

Residents participating in the health leadership training are committed to improving health in their communities and to practicing public health within their

Communicable Disease Report

Selected Reportable Diseases for the City of Long Beach

Disease	February 2002	YTD 2002	February 2001	YTD 2001
AIDS	18	34	20	34
AMEBIASIS	1	2	1	1
CAMPYLOBACTERIOSIS	1	5	2	5
CHLAMYDIAL INFECTIONS	146	285	189	349
GIARDIASIS	0	4	1	7
GONORRHEA	34	84	57	127
H. INFLUENZAE	0	1	0	0
HEPATITIS A	5	10	3	5
HEPATITIS B, acute	2	2	2	2
HEPATITIS C, acute	0	1	0	0
MEASLES	1	1	0	0
MENINGITIS, viral (aseptic)	2	6	0	1
MENINGOCOCCAL INFECTIONS	0	0	0	3
NON-GONOCOCCAL URETHRITIS (NGU)	15	24	11	19
PERTUSSIS	0	0	0	1
RUBELLA	0	0	0	0
SALMONELLOSIS	4	4	2	3
SHIGELLOSIS	1	5	6	7
SYPHILIS, primary and secondary *	3	6	1	2
SYPHILIS, EARLY LATENT (<1 year) *	2	3	1	1
TUBERCULOSIS	8	12	1	3

^{*} Numbers provisional until investigation is completed

own lives. The 25 residents participating in the health leadership training are mixture of monolingual English and Spanish speakers. A simultaneous language interpretation system allows the students to interact with each other and the presenter during each class. The residents have conducted several community projects aimed at improving environmental health in their communities. Residents of 90813 conducted a community clean-up on August 4 and residents of Central Long just completed a grand clean-up of 13 alleys their neighborhood on December 1. In order to educate their neighbors about the impact of unsanitary conditions, such as trash accumulation and abandoned furniture, the residents of both communities have developed an educational flyer that describes the diseases that may arise out of unclean surroundings. The flyers also provided practical tips and resources on how to maintain a clean and healthy neighborhood. In addition, the health leaders from Central Long Beach have also developed an educational video about the health ramifications of unclean surroundings.

As our health leaders forges forward with their journey to understanding public health in their personal lives, they will eventually lead the way in advocating for health in their communities and train other residents to become better health advocates themselves. In their unique journey to discovering their power to make public health happen in their communities, we see a small, yet inspiring, movement of talents and passion to bring public health to the forefront of our lives.

AIDS Surveillance Program Data

City of Long Beach Data as of February 28, 2002

Only of	ong beach bata t	as of rebruary	20, 200	_	
4,074 Total Long Beach City AIDS Cases ((2,396 deceased - 59% Mortality Rate)			
4,065 Adult Cases		(2,390 deceased - 59% Mortality Rate)			
9 Pediatric Cases		(6 deceased - 67% Mortality Rate)			
	AIDS Cases	by Gender			
	#	#		%	
Male	3,82	3,826		94	
Female	24	248		6	
	AIDS Cases by I	Race/Ethnicity			
	#	#		%	
White, Not Hispanic	2,54	2,542		62	
Black, Not Hispanic	70	704		17	
Hispanic	741		18		
Asian/Pacific Islander	74		2		
American Indian/Alaskan	11		<1		
Unknown	2		<1		
	AIDS Cases by Ex	posure Category			
		#		%	
Male-to-Male contact		3,094		76	
Intravenous Drug Use		355		9	
Male-to-Male Contact and Intravenous Drug Use		334		8	
Heterosexual Contact		190		5	
Recipient of Blood/Blood Products Transfusion		24		<1	
Hemophilia/Coagulation Disorder		13		<1	
Mother at Risk (Perinatal Exposure)		8		<1	
Risk Not Reported/Other		56		<2	

Partnership for the Public's Health:

Continued from page 2

The Sub-Plot:

While the story of the Partnership for the Public's Health Initiative in Long Beach has focused on the residents, another plot is unfolding in the midst of this tale. The sub-plot engages the Long Beach Health Department in taking a new role as a convener and facilitator of local resources and assets to foster health leaders from within the communities we serve. Indeed, the PPH challenges local health departments to embrace a new vision of public health where the understanding and practice of public health is linked with social, economic, physical, environmental, and political factors that shape our lives.

Epilogue: The Journey Continues

The 21st century presents unprecedented challenges and opportunities for the field of public health. The Partnership for the Public's Health is a real life laboratory where residents, community-based organizations and the local health departments engage in an experiment to test ideas and strategies that would enable all communities to deal effectively with the challenges the future may bring. The Long Beach partnership is the midst of a unique journey of learning new skills and knowledge to improve community health. With the emergence of new community leaders and new role for the Health Department, the odyssey of the Partnership for the Public's Health continues.

For more information about the Partnership for the Public's Health project, please call Cheryl Contreras at 562-570-4312. ■

Health Department Contact Information



General Information (562) 570-4000 www.ci.long-beach.ca.us/health

Alcohol/Drug Rehabilitation (562) 570-4100

Animal Control Shelter (562) 570-7387

Early Intervention Program/ HIV Testing/STD Clinic (562) 570-4315

> **Environmental Health** (562) 570-4132

Immunizations/Walk-In Clinic (562) 570-4222

> **Prenatal Clinic** (562) 570-4217

Senior Center (562) 570-3531

Tobacco Education Program (562) 570-8508

> WIC Program (562) 570-4242

The

Public Health Bulletin

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To be added or removed from the mailing list, please contact Hanan Obeidi at (562) 570-4382 or email hanan_obeidi@ci.long-beach.ca.us.



This information is available in an alternative format.



Data contained in this publication are considered provisional due to reporting delays.

Long Beach, California 90815 2525 Grand Avenue, Room 201



HE1207-02

Attention Health Care Providers

The California Code of Regulations, Title 17, Section 2500, requires the report of communicable diseases and conditions. To report a case of a communicable disease, contact the City of Long Beach Department of Health and Human Services Epidemiology Program at (562) 570-4302 or by fax at (562) 570-4374.

Reportable Communicable Diseases

AIDS Amebiasis **∑** ⋈ FAX Anthrax @

Babesiosis **⊅** ⋈ FAX Botulism @

Brucellosis • Chancroid

Chlamydial Infections

Cholera < Ciguatera Fish Poisoning 6

Coccidioidomycosis Colorado Tick Fever 🕽 🖂 FAX Conjunctivitis, Acute Infectious of the

Newborn **J** ⋈ FAX Cryptosporidiosis **→** FAX

Cysticercosis Dengue 4

Diarrhea of the Newborn 6 (Outbreaks)

Diphtheria 4

Domoic Acid Poisoning •

≯ FAX = Report by FAX, telephone, or mail within one (1) working day of identification.

Echinococcosis **Ehrlichiosis** Escherichia coli O157:H7 \$

Foodborne Disease 🕽 ⋈ FAX † Giardiasis

Gonococcal Infections

Hantavirus Infections < Hemolytic Uremic Syndrome \$ Hepatitis, Viral 🕽 ⋈ FAX

Kawasaki Syndrome Legionellosis Leprosy

Leptospirosis Listeriosis **→** 🖂 FAX Lyme Disease

Lymphocytic Choriomeningitis 🕽 🖂 FAX

Malaria 🕽 🖂 FAX Meningitis **→** □ FAX Meningococcal Infections \$

† = Report immediately by telephone when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness.

Mumps

Non-Gonococcal Urethritis Paralytic Shellfish Poisoning 6 Pelvic Inflammatory Disease Pertussis (Whooping Cough) D
FAX Plague, Human or Animal Poliomyelitis, Paralytic ▶ ⋈ FAX

Psittacosis **→** 🖂 FAX Q Fever 🕽 ⋈ FAX Rabies, Human or Animal 6

Relapsing Fever **→** FAX Reye Syndrome Rheumatic Fever, Acute Rocky Mountain Spotted Fever

Rubella

Rubella Syndrome, Congenital Salmonellosis 🕽 ⋈ FAX Scombroid Fish Poisoning \$

Shigellosis ⋈ FAX Smallpox (Variola) • Streptococcal Infections **→** EAX

(Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)

Syphilis 🕽 🖂 FAX

Tetanus

Toxic Shock Syndrome

Toxoplasmosis Trichinosis **→** FAX

Tuberculosis **∑** ⋈ FAX Tularemia 🕏

Typhoid Fever → FAX (Cases and Carriers)

Typhus Fever

Varicella (Deaths Only) ● Vibrio Infections 🕽 🖂 FAX Viral Hemorrhagic Fevers ●

Yellow Fever 4 Yersiniosis 🕽 🖂 FAX

OCCURRENCE of ANY UNUSUAL DISEASE @ **OUTBREAKS of ANY DISEASE**

Reportable Noncommunicable Diseases/Conditions Alzheimer's Disease

Disorders Characterized by Lapses of Consciousness

Report immediately by telephone. All other diseases/conditions should be reported by FAX, telephone, or mail within seven (7) calendar days of identification.